CSHCS MPRs and Indicators: Changes Proposed for Cycle 6

Michigan Department of Community Health's Children's Special Health Care Services (CSHCS) program, in partnership with the Michigan Public Health Institute, has embarked on a process to revise the CSHCS Michigan Local Public Health Accreditation Program Minimum Program Requirements (MPRs) and Indicators for Cycle 6 of Accreditation. The workgroup, in cooperation with stakeholders, assessed the strengths and limitations of the current CSHCS MPRs and Indicators, and made revisions as necessary to ensure that they are meaningful, measurable, and efficient. Below is a summary of the major changes made to the draft MPRs and Indicators for Cycle 6, along with the reason behind the changes. Before the draft set of MPRs and Indicators are finalized, the Accreditation Program's Standards Review Committee will review and discuss the draft. If you have any questions about the changes, please contact [Name] at [email address].

MPR/ Indicator	Description of Change:	Reasoning for Change:
1.1	Added clarifying language stating that staffing configuration must be sufficient to provide program services to CSHCS client caseload and meet program requirements	To allow for cases when the staffing configuration did not meet the recommended level, but staff were still able to meet the needs of the community and of the CSHCS enrolled caseload
1.2	Combined with 1.1	Both staffing indicators were combined into one indicator to allow efficient review of staffing elements
1.3 (now 1.2)	Removed references to specific training modules	Names of training courses omitted in case required trainings change, and broadened to include both initial and ongoing trainings
1.4	Combined with 1.3 (now 1.2)	To consolidate all training requirements into one indicator
3.1	Michigan Department of Community Health Medicaid Provider Manual added to list of reference materials	Local CSHCS staff shall be routinely using and be proficient with the Medicaid Provider Manual to carry out CSHCS Program policies and requirements
3.2	List of policies removed – all policies will now be reviewed in relation to the related MPR or Indicator	Following Cycle 5, all local CSHCS programs should have the required policies in place, this indicator was modified to reflect this and to ensure that policies are reviewed annually and updated as needed
3.3	Language revised to broaden the requirement	The language included in the current tool was very specific; the revised language allows local CSHCS programs to incorporate family input and involvement in a way that best suits their own community and local resources

MPR/ Indicator	Description of Change:	Reasoning for Change:
3.5	Language describing specific dates and data elements removed	Modified to include all contract deliverables that are associated with the Comprehensive Planning, Budgeting and Contracting agreement (CPBC) between the local health departments and the state; previously indicator 3.5 was specific to only the annual narrative report requirement in the CPBC, but now it encompasses all of the CSHCS contract components for the fiscal year (i.e. Care Coordination/Case Management quarterly submissions)
MPR 4	Language added to incorporate collaboration with community partners	This language was added to reflect the need to partner with and refer clients to other community partners to meet client needs
4.2	Language added to incorporate partnership with community partners; combined with indicator 5.4	During Cycle 5 of Accreditation, reviewers noted that they often saw similar documentation under Indicators 4.2 and 5.4; these indicators were combined to increase efficiency of the CSHCS On-Site Review
5.4	Combined with 4.2	See above
6.2	Language added to detail kinds of assistance that may be provided	Additional detail added to include important services provided by the CSHCS program in which local health departments spend a considerable amount of time assisting clients and families provide examples of the types of assistance staff may be providing to CSHCS clients and their families
6.3	Removed	This indicator was no longer relevant because all dual eligible clients are enrolled in a Medicaid Health Plan and no longer require this specific assistance
6.4	Removed age parameters	To broaden the population in which transition services may be provided to CSHCS clients
6.5 (now 6.4)	Now incorporates in- and out-of-state travel	All travel-related items are combined in this indicator to allow for efficiencies during the on-site review
6.6 (now 6.5)	Out-of-state travel removed; this indicator now focuses solely on out-of-state care	See above